

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

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RESIDENTIAL CHILD CARE PROGRAMS REPORT

| Provider Organization: | Linwood Center, | Inc. |
|------------------------|-----------------|------|
|------------------------|-----------------|------|

Contracting Agency(s): Licensing Agency: DHS DHS

Program Administrator: Certification: Exp. Date: 12/31/19 William Moss A00025

Type of Inspection: Quarterly

| Site Name | Gender | Age Range | License | DHR Contract | License#/ Exp. date | Date of site |
|--------------------------------|--------|-------------|----------|--------------|---------------------|--------------|
| | | | Capacity | Limit | | Inspection |
| Martha Bush Drive Headquarters | M/F | 9 – 21 Yrs. | 15 | 15 | #00247 - 4/11/2019 | 2/1/2018 |
| North Rodgers Avenue | Males | 9 – 21 Yrs. | 5 | 5 | #00595 - 4/11/2019 | |
| Rusty Rim | Males | 9 – 21 Yrs. | 4 | 5 | #00560 - 4/11/2019 | |
| Chantilla Road | M/F | 9 – 21 Yrs. | 4 | 5 | #00392 - 4/11/2019 | |

| | Inspection Summary | | | | |
|-------------------------------------|---|--|--|--|--|
| Number of Records Reviewed | : Youth <u>0</u> Staff <u>5</u> | | | | |
| Number of Interviews: Yout | h <u>0</u> Staff <u>0</u> | | | | |
| Physical Plant Inspection: A | Approved | | | | |
| Current COMAR Violation: | Yes X No | | | | |
| If Yes, list Cited Violation(s) | pelow: | | | | |
| Violation(s) | Findings | | | | |
| 14.31.06.05 F (1) | One of five records did not contain documentation of trainings. | | | | |
| 14.31.06.06 B (2) | One of five records did not contain documentation of education. | | | | |
| 10.57.03.09 A(1)(2) | One of five records did not contain documentation for the RCYP certification. | | | | |
| 14.31.06.05 E (1) (i) | One of five records did not contain the cardiopulmonary resuscitation card. (CPR) | | | | |
| 14.31.06.06 D (3) | One of five records did not contain the Confidentiality Statement. | | | | |
| 14.31.06.05 E (1) (m) | One of five records did not contain the Child Abuse Statement. | | | | |
| 14.31.06.05 E (1) (j) | One of five records did not contain the current Annual Performance evaluation. | | | | |
| Corrective Action Plan: Yes | S X No If yes, date of CAP: 2/28/2018 Re-Licensure Periods: Yes No NA _X | | | | |
| If Yes See Report(s) Date(s): | Re-Electistic Ferrous. Fes No NA _A | | | | |
| Complaint Outcome: N/A | | | | | |
| Current Status of License: (| Continued | | | | |
| Licensing | | | | | |

Date:

Date:

2/27/18

2/27/18

Email:

Email:

Program Manager:

Coordinator: Mignon H. Atkins

Andre Thomas